

FRANCHISE INVOICE

Invoice No: _____

Date: _____

Due Date: _____

Franchise ID: _____

FRANCHISEE BILLING INFORMATION

Franchise Entity / Corporate Name

Outlet / Location Address

Primary Contact / Representative

TERRITORY & OPERATIONS

Territory Code / Region

Reporting Period (Start - End)

Operational Status / Tier

FEE DESCRIPTION / SERVICE ITEM	BASE / GROSS REVENUE	RATE / %	TAX RATE	AMOUNT DUE
Royalty Fees - Share of Gross Sales				
National Advertising Fund Contribution				
System Technology & POS Licensing Fee				
Franchise Proprietary Supply & Inventory Purchases				
Quality Assurance Audit & Support Services				
Ongoing Staff Training & Certification Programs				
Other:				

PAYMENT INSTRUCTIONS

Bank Transfer Details / ACH Route

Special Billing Notes / Adjustments

Subtotal: _____

Total Franchise Tax: _____

Late Fees / Interest: _____

Credits / Adjustments: _____

Total Amount Due: _____

AUTHORIZED FRANCHISOR SIGNATURE

FRANCHISEE ACKNOWLEDGMENT SIGNATURE

Terms and Conditions: All franchise fees, royalty shares, and advertising contributions are assessed in accordance with the signed Franchise Agreement. Payments not received by the specified due date are subject to late fee penalties and interest rates as outline in the standard operation agreement guidelines.